

NOV 18 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

36866

## 1. PLACE OF DEATH

County Jackson  
 Township Kaw  
 City Kansas City (No. General Hospital)

Registration District No. 399Primary Registration District No. 1002

File No. 4295  
 Registered No. 4295  
 St.                      Ward                     

## 2. FULL NAME

Charles A. Bachman

(a) Residence, No. 2936 Oak St.                      Ward                       
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>                    </u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 22 1873</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>4</u>	<u>3</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u>			
	10. Date deceased last worked at this occupation (month and year) <u>                    </u>			
				11. Total time (years) spent in this occupation <u>                    </u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Plains, Mo.</u>
	13. NAME <u>Herman C. Bachman</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saxon, Germany</u>
	15. MAIDEN NAME <u>Mary A. Valet</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT <u>Otto Bachman</u> (ADDRESS) <u>2727 Cherry</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>West Plains, Mo.</u> DATE <u>10/26/37</u> 19	
19. UNDERTAKER <u>Quirk &amp; Tobin Company</u> (ADDRESS) <u>Kansas City, Missouri</u>	
20. FILED <u>Oct 26 1937 M. M. Browne</u>	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/25/37 1922. I HEREBY CERTIFY, That I attended deceased from                      19I last saw him alive on 11/5/37 19 Death is saidto have occurred on the date stated above, 11/5/37 m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull.  
Penetration of bullet through  
skull.  
Other contributory causes of importance:  
174

Other contributory causes of importance:

Name of operation                      Date of                     What test confirmed diagnosis                      Was there an autopsy                     

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide                      Date of injury 10/25/37Where did injury occur? 2936 Oak St. Kansas City

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury Violence to the headNature of injury                     

24. Was disease or injury in any way related to occupation of deceased?

If so, specify                     (Signed)                     , M. D.(Address)                     

Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

